Two years into the pandemic, the burden of proof is on those that continue to insist on mask mandates to demonstrable a clear public health benefit. Interventions that disrupt the lives of children warrant the most scrutiny. To date, there exist no high-quality studies that support the public health benefit of masking children in schools or community masking at large.

Several European countries prioritized in person schooling without mask mandates as early as the spring of 2020 without the disastrous effects predicted here. Masking toddlers all day is the new American exceptionalism.

The following are the reasons most often cited for continuing mask mandates and my counterpoints to them:

1) **Parents differ in their risk tolerances for their children.** I sincerely respect other parents’ autonomy to take whatever precautions they deem appropriate for their own children. In the absence of data that masking children poses a definitive public health benefit, however, the state should not be imposing mandates on every child, effectively eliminating parental discretion.

2) **Children are resilient and can adapt to anything.** Sure, there are things worse than wearing a mask all day but we don’t arbitrarily subject kids to those practices simply because they can be endured. This is one of the laziest justifications for continued masking.

3) **We need mask mandates because not all children are eligible for vaccination.** Covid poses a greater danger to vaccinated adults than unvaccinated children. See the study by Sorg and colleagues out of Germany where the risk of going to the ICU from Covid for healthy children was 8 per 100k BEFORE vaccines were available. To be clear, lifting child mask mandates in schools should not be contingent upon mandatory vaccination in light of the low risk to unvaccinated children and the high transmissibility of more recent variants among vaccinated people.

4) **Since cloth masks don’t seem to prevent transmission, children in schools should be required to wear N95 or other medical grade personal protective equipment.** Quite simply, masks worn for brief periods by health care providers in the presence of immunocompromised patients in a hospital setting are not appropriate for healthy children to wear all day in school. Best case scenario is that N95 masks delay the inevitable reality we must all confront- our children are going to be exposed to Covid.

5) **We need to protect higher risk and immunocompromised children.** I agree. Schools should employ whatever focused protection and risk mitigation procedures they always have for this population. The focus should be on vulnerable children, not on symbolic gestures that promote busyness and the illusion of control.
6) **Children might be exposed to Covid in school and pass it on to elderly relatives.** Again, there is no compelling evidence that schools pose more of a public health danger than other places where people congregate or that masking children in schools prevents community transmission. Moreover, elderly people are largely protected from severe illness by the vaccine. We all have older relatives and friends that we care deeply for and wish to keep safe.

In closing, scientific legitimacy and our faith in revered institutions are contingent upon how the issues raised here are addressed. The refusal to reverse child mask mandates will undermine institutional credibility without promoting community health or upholding any sacred principles.